

INFORMATION DISCLOSURE CITATION

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Applicant	Doris M. IKLE		
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Examiner Initial*	Document Number	Issue Date	Name	Class	Sub Class	Filing Date If Appropriate
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Examiner	David Pinal	Date Considered	3-5-05
*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.			
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